PTO/BB47 (90-06)
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"FEE ADDRESS" INDICATION FORM	
Address to: Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 - (Alexandria, VA 22313-1450	Fex to: 571-273-6500 DR -
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (freedler, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desert fee address, in which case a completed Request for Customer Number (PTO/SB125) must be attached to this form. For more information on Customer Number, see the Manual of Patient Examining Procedure (MPEP) § 40.5. To the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: 27777 OR The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER ((il known))	APPLICATION NUMBER 10/609,013
Completed by (check one): Applicant/Inventor	
Fee Address Indication Form System in accordance with § 1.6(a)(4). Placety certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	